



ADDENDUM #2

RFA # 15-DHHS-CM-01

On April 1, 2015, the New Hampshire Department of Health and Human Services published a Request for Applications for Vendors to provide fully at risk Medicaid Managed Care medical and long-term care services to Medicaid clients; the Request seeks Vendor(s) to join contracted Managed Care Organizations (MCOs) as a participating organization(s).

The Department is publishing this Addendum to:

1. Delete and replace Section **5.2.4, Technical Response Contents – Detail**, (a) *Transmittal Cover Letter* with the following:

(a) *Transmittal Cover Letter*

A Transmittal Cover Letter must be:

1. On the Vendor Company's letterhead;
2. Signed by an individual who is authorized to bind the Vendor Company to all statements, including services and financial responses contained in the Application;
3. Contain the following:
 - a. Identify the submitting organization;
 - b. Identify the name, title, mailing address, telephone number and email address of the person authorized by the organization to contractually obligate the organization;
 - c. Identify the name, title, mailing address, telephone number and email address of the fiscal agent of the organization;
 - d. Identify the name, title, telephone number, and e-mail address of the person who will serve as the Vendor's representative for all matters relating to the RFA;
 - e. Acknowledge that the Vendor has read this RFA, understands it, and agrees to be bound by its requirements;
 - f. Explicitly state that the Vendor's submitted Application is valid for a minimum of two hundred forty (240) days from the Closing Date for receipt of applications;
 - g. Date Application was submitted; and
 - h. Signature of authorized person.